

Children with Medical Complexity Advisory Committee: Priorities Updated January 2022

| Priority Level | Action Item | Status/Completion Date |
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| 1 | <p>Keep the Children with Medical Complexity Steering Committee in place.</p> <p>a. In 2019, the work of the CMC Steering Committee was passed to a new group, the CMC Advisory Committee (CMCAC), which was charged with implementing the recommendations described in the Plan.</p> <p>b. Continue meeting with the CMCAC. Meetings are held quarterly.</p> | Ongoing |
| 1 | <p>Uniformly circulate the Delaware Specific Definition of Children with Medical Complexity through DMMA and MCO provider quarterly bulletins (Q1 2019, on the DMMA CMC webpage, DHSS Facebook page, and any other means the Advisory Committee has access too).</p> | Completed – March 2019 |
| 1 | <p>Develop CMC web page on DMMA site with links to resources and information.</p> | Completed – January 2019 |
| 2 | <p>Perform a comprehensive data analysis as it relates to children with medical complexity.</p> <p>a. Analyze data to identify the population of children with medical complexity in the state of Delaware.</p> <p>b. Analyze data to review potential service gaps identified by the workgroups, as well as identify any additional service gaps, that impact the care coordination and health care delivery for children with medical complexity.</p> | <p>a. Completed and provided in 2019 Year-End Report.</p> <p>b. Completed for Private Duty Nursing and provided in 2019 Year-End Report. Family Satisfaction Survey completed in 2021 and results were shared with CMCAC. Skilled Home Health Nursing (SHHN) Workgroup will review results in 2022 for potential recommendations.</p> |
| 3a | <p>Strengthen the network of home health providers for children with medical complexity.</p> <p>a. Evaluate provider capacity, of both FFS and Managed Care Networks, of SHHN.</p> <p>b. Review and make transparent the Prior Authorization and approval process.</p> <p>c. Work with MCOs to expand provider capacity where needed.</p> <p>d. Develop Competency/Training for home health providers regarding CMC – People first language; Family-Centered Care; multi-lingual (including ASL) Assess and/or develop mechanisms for children with medical complexity when parents/caregiver is presented with emergent situation and unable to provide care.</p> <ul style="list-style-type: none"> o Include nursing call out, not just family emergency. | <p>a. Many aspects of the work plan are completed and summarized in the 2021 Year-End Report.</p> <p>b. PDN Workforce Capacity Study was completed in 2021. Results will be reviewed and shared with CMCAC to develop next steps in 2022.</p> |

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| 3b | <p>Strengthen the network of home health providers for children with medical complexity.</p> <ul style="list-style-type: none"> a. Evaluate provider capacity, of both FFS and Managed Care Networks, of home-based physical, occupational, and speech therapy. b. Review and make transparent the Prior Authorization and approval process. c. Work with MCOs to expand provider capacity where needed. d. Develop Competency/Training for home health providers regarding CMC – People first language; Family-Centered Care; multi-lingual (including ASL). | <p>This will require a new workgroup. Formation of a home health therapy workgroup is on hold pending completion of other priorities.</p> |
| 3c | <p>Strengthen systems of care for children with medical complexity.</p> <ul style="list-style-type: none"> a. Review and revise, as appropriate, policies and processes for the Children’s Community Alternative Disability Program (CCADP) including, but not limited to, redetermination of medical eligibility requirements and Provider Policies. b. Publish informational fact sheets for CCADP as a resource for parents/caregivers, providers, staff, and other stakeholders. c. Ensure that entry point staff (DMMA’s customer relations unit staff/DSS and DMMA eligibility social workers/etc.) are aware of CCADP. d. Consider including a flyer in enrollment paperwork. | <p>DMMA will review this priority item in 2022 and determine next steps.</p> |
| 4 | <p>Be clear in contracts about the role of managed care organizations in identifying and providing services to children with medical complexity.</p> <ul style="list-style-type: none"> a. Work with the MCOs to develop a mechanism to identify and flag all children with medical complexity in their systems. b. Work with MCOs to streamline, simplify, and make transparent the prior authorization process for children with medical complexity as it relates to durable medical equipment, supplies, and pharmaceuticals. <ul style="list-style-type: none"> o Review DME Reimbursement. o Review Letter of Medical Necessity requirements. c. Provide Competency/Training regarding CMC to MCO staff at all levels – People first language; Family-Centered Care; multi-lingual (including ASL). | <ul style="list-style-type: none"> a. Completed. DMMA shared its methodology for identifying children with medical complexity with the MCOs. b. The DME/Supplies Workgroup began work on this item in 2021 and will continue the work in 2022. c. Completed. |
| 5 | <p>Strengthen systems of care for children with medical complexity.</p> <ul style="list-style-type: none"> a. Work with the Non-Emergency Medical Transportation (NEMT) Provider to clarify, enforce, and revise policies as appropriate. | <p>DMMA will continue to monitor in 2022.</p> |

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| 6 | <p>Develop and/or strengthen existing resources for parents/caregivers, providers, and the larger community involved in the care of children with medical complexity.</p> <ul style="list-style-type: none"> a. Develop a handbook with replaceable sheets for parents/caregivers of children with medical complexity. b. Publish policies and educational materials specific to children with medical complexity on DMMA's Delaware Medical Assistance Provider Portal. | <ul style="list-style-type: none"> a. On hold, pending completion of other priorities as resources should be reflective of changes made. Consider web-based option. b. Ongoing. c. Additional resources would be needed by DMMA to address web-based solution for making resources available. |
| 7 | <p>Strengthen systems of care for children with medical complexity.</p> <ul style="list-style-type: none"> a. Develop care coordination standards specifically for this population. b. Consider innovative care delivery models and appropriate payment structures to address identified gaps. | <ul style="list-style-type: none"> a. Completed in 2021. CMCAC endorsed adoption of National Academy for State Health Policy (NASHP) care coordination standards. b. DMMA included a question in the MCO procurement (released December 2021) for bidders to describe how they will improve the provision and coordination of care for children with medical complexity. |